



**DISABILITY DETERMINATION SERVICES**  
SOUTH CAROLINA VOCATIONAL REHABILITATION DEPARTMENT

*Providing quality disability determination services to South Carolinians in a responsive, timely and cost-effective manner.*

*Barbara G. Hollis, Commissioner*

Office of State Claims ■ P.O. Box 5225 ■ West Columbia, SC 29171 ■ (803) 896-7180  
Toll-free: (866) 206-5207 ■ Fax: (866) 736-9829

## **Childhood Application Checklist**

**\*\* Return completed forms within 21 Days.\*\***

**Completion of all enclosed forms is required. Applications with incomplete information will result in delays or could result in a denial of the claim.**

If you need assistance completing this application, please call 866-206-5207.

Use the following checklist as a guide to ensure forms are properly completed:

### **Application (Form 3218D or 3266D)**

- ☐ Complete in BLUE OR BLACK INK.
- ☐ Child's social security number, date of birth, address, and phone number are correct.
- ☐ Contact information for an additional adult who is familiar with child's condition is enclosed.
- ☐ Complete information of child's school and/or day care is enclosed.
- ☐ All of the doctors, hospitals, and treating facilities listed are places where applicant has been treated for a medical condition(s) in the last 15 months.
- ☐ If applying on behalf of an individual who has died, a copy of the death certificate or death summary from the hospital is enclosed.

### **Authorization to Disclose Health Information (Form 921)**

- ☐ Complete in BLUE OR BLACK INK.
- ☐ Sign and date by parent or legal guardian.
- ☐ If applicant is age 12 to 18, he/she must sign in addition to the parent or legal guardian.
- ☐ If there is a legally appointed representative or a power of attorney document, please include a copy with completed and signed application.

**All forms are available in electronic format, Braille, large print, and audio upon request.**